SUBMIT: 'COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) MAR 25 2019 Bayfield Co. Zoning Dept. Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONSTRUCTIO	N UNTIL ALL PERMI	IS HAVE BEEN ISSUED TO	APPLICANT.			FILL OU	I IIV IIV	IK (NO PE	NCIL)	
TYPE OF PERMIT REQUES	TED→ □ L	AND USE SANI	The state of the s	CONDITIO		☐ SPECIAL	USE	□ B.O.		OTHER
Owner's Name:	0100		Mailing Address:	1	City/State/Zip				Telephon	ne: 922-1815
Address of Property:	etal		48 Sowth And City/State/Zip:	w' = 0	Hear C	aki Wi	L 5	4005	Cell Phon	
51725 Peas	Road		Barnes 4	IT 548	73					e as above
Contractor:	C OWN		Contractor Phone:	Plumber:	, ,				Plumber	Phone:
Authorized Agent: (Person Sig	gning Application on b	ehalf of Owner(s))	Agent Phone:	Agent Mailing	Address (incl	ude City/State	/7in)•		Written /	Authorization
					, , , , , , , , , , , , , , , , , , , ,	ade only/state,	, 2, 0, 1		Attached	l
PROJECT	l Description: (U	to Tay Statement)	Tax ID#							No owing Ownership)
LOCATION	Contra		1168					954		403
NYZ NGSEJ4, NW	1/4 Gov't	ot Lot(s) CS	SM Vol & Page	CSM Doc# L	ot(s) No.	Block(s) No.	Subo	division:		
Section , Toy	vnship 44	N, Range 9 W	Town of:				Lot S	Size	Acrea	
Section, 10V	viisiiip <u>I i </u>	v, kange vv	Bar	nls					5.	.0
		ithin 300 feet of River			Structure is f	rom Shoreline		Is Prop	erty in	Are Wetlands
☐ Shoreland →		de of Floodplain? ithin 1000 feet of Lake	If yescontinue —	· -	Structuro is f	rom Shoreline	eet		in Zone? Yes	Present?
	. roperty, zana w	talli 2000 reer of Lake	If yescontinue —				eet	4	No	χNο
Non-Shoreland							-			
Value at Time	11/1/20			# of						
of Completion * include	Project	# of Stories	Foundation	hedroom	ns		10.00	pe of ry Syster		Type of Water
donated time &	rioject	" of Stories	Touridation	in structure				operty?		on property
material Ne	w Construction	☐ 1-Story	Basemen			nicipal/City			5 1 1 1 2	☐ City
\$	dition/Alteration					w) Sanitary	Spec	ify Type: _		□ Well
□ Co	nversion	☐ 2-Story		3	X San	itary (Exists)	Spec	cify Type: <u> </u>	Convent	iel 🗆
	ocate (existing bldg	i)	_			y (Pit) or			200 gallo	on)
	n a Business on operty		Use	☐ None		table (w/serv	_	ntract)		
			☐ Year Rou	15.75		npost Toilet				
I N II	III IMDIY MV	11/11/15	1 74 3/ (2/2014)	u	□ Nor	10				
	nultiply Str		X Seasona	Щ	□ Nor					
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Existing Structure: (if pe	ermit being applie	d for is relevant to it)	Length: Length: Proposed Stru	cture	Width:				ight:	Square Footage
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Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - Required
SANITARY - Required (if applicable w/land use)
SIGN SPECIAL CONDITIONAL - X (5/16/2019)
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0425	Issue	ed To: Laura Case, 1	Thomas Boche, Ann Hai	mon, & Wyatt Boche	
N ½ of th	e NE ¼ of S	E ¼ and	AND THE STATE			
Location:	SE ¼ of	NW 1/4	Section 1 Township	44 N. Range 9	W. Town of Barnes	
Gov't Lot		Lot	Block	Subdivision	CSM#	

For: Multiple Residences / Multiple Bunkhouses / Guest Quarters on a parcel of land

(Disclaimer): The Planning and Zoning Department does not authorize the beginning of any construction or land use; you must first obtain land use application(s)/permit card(s) from the Planning and Zoning Department. You (the property owner) shall fulfill the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): See reverse side

NOTE:

Conditional Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 17, 2019

Conditions: 1. To leave property as is; unless there is a problem. 2. After-the Fact Fees be paid. 3. No Short-Term Rentals be allowed. 4. None of the 3 dwellings/bunkhouses not attached to the septic system may exceed 500 sq. ft. of dwelling space. 5. Inspector will do a follow-up inspection to determine the inaccuracy stated by you Ms. Case during the public hearing. He will visit the site to determine actual dimensions of structures; sq. ft. of each structure; dwelling space of each structure; sanitary system; and human habitation of each structure; this inspection will require access to each structure. 6. Additional Land Use Applications and After-the Fact Fees will be required. 7. Uniform Dwelling Code is required on all the After-the-Fact Structures with sleeping quarters; please contact the local/town licensed inspector (Robert Lietha - 218-393-6482).

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

AUG 16 2019

Permit #: ENTERED Date:

Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Dept.

Refund:

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Owner's Name:		- 4	4			ling Address:	٨	0.1	State/Z		- p		elephone	:: 22-1815	
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Address of Property:		0				/State/Zip:	1 1-		12				San		
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Contractor:					Con	tractor Phone:	PI	umber:				'	- Tulliber F	mone.	
Authorized Agent: (Pe	erson Signi	ng Applica	ation on behalf	of Owner(s))	Age	nt Phone:	Ag	gent Mailing Ad	dress (ir	nclude City/State,	Zip):	W	/ritten A	uthorization	
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Proposed Construction Proposed Use Residential Commercia	e: (if per uction:	wit bein	Principal Residence Bunkhou Mobile H Addition Accessor	Structure e (i.e. cab) with Le with a with (2 with a with A see w/ (see w/ (see w/ Alteration	(first str in, huntin fit————————————————————————————————————	Length: Length: Proposed S ructure on pro ng shack, etc.) Garage or sleeping quality date) fy)	tructu perty)	Li Vin	Wid Wid	hone th: th: total 7 la. 7	Dir (2-8 (2-4 (12 ((Height mensions X X X X X X X X X X X X	s)))))))))))))))))))	Footage 1120 672 72	
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

e box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

Show Location of: **Proposed Construction** (2)Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

(4)Show: All Existing Structures on your Property

(5) Show: Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please see attached documentation.

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	Mea	surement
Penst					
Setback from the Centerline of Platted Road	132 Fe	eet	Setback from the Lake (ordinary high-water mark)	N	A Feet
Setback from the Established Right-of-Way	Fe	eet	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line Smith Laka Road	207 Fe	eet			
Setback from the South Lot Line	lú3 Fe	eet	Setback from Wetland		Feet
Setback from the West Lot Line	451 Fe	eet	20% Slope Area on the property	□ Y	1 14
Setback from the East Lot Line Town Road	Fe	eet	Elevation of Floodplain		Feet
(6.0)					
Setback to Septic Tank or Holding Tank	Fe	eet	Setback to Well		Feet
Setback to Drain Field	Fe	eet			/
Setback to Privy (Portable, Composting)	Fe	eet			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 15	1-335	# of bedrooms:	Sanitary Date: 4/29/15
Permit Denied (Date):	Reason for Denial:			1/11/19
Permit #: 19-0486	Permit Date: 12-1	7-19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Configuration of Continuous Configuration of Co	ious Lot(s)) PNo	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached
Granted by Varience (B.O.A.) Yes □ No Case #: M# Y 6	2019	Previously Granted by	Variance (B.O.A.)	e #:
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		The state of the s	es Represented by Owner Was Property Surveyed	A STATE OF THE PARTY OF THE PAR
Inspection Record: Cup Granted 5/16/19 1	Dwelling 4 3 Bun	M Houses (less) Nº	than 500 SRFT d pressurted Ha	Zoning District (R-2) Lakes Classification (-)
Date of Inspection:	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta	Condition: Construct practices shall be imerosion or sedimen	tion site best manage aplemented to preven ntation onto neighb	ement t any oring	
Signature of Inspector:	shall be obtained.	ls. Necessary UDC p	ermit	Date of Approval: 12/16/19
Hold For Sanitary: Hold For TBA:			or Fees: 🗆	🗆

Similyn Lake Road

City, Village, State or Federal

ermits May Also Be Required

After-the-Fact

LAND USE - X

SANITARY - 15-33S (4/29/2015)

SIGN -

SPECIAL -

CONDITIONAL - X

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0	426		ls	ssue	d To: La	ura	Case, Thoma	as Bo	che,	Lisa Haı	rmo	n, & \	Nyatt Boc	he	
N ½ of the Location:						Section	1	Township	44	N.	Range	9	W.	Town of	Barnes	
Gov't Lot			L	_ot		Blo	ock	Sul	odivisio	on				CSM#		

For: Residential Use: [1- Story; Residence (28' x 40') = 1,120 sq. ft.; Awning (12' x 6') = 72 sq. ft.; Attached Garage (16' x 28') = 448 sq. ft.] Total Overall = 1,640 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 17, 2019

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

Address to send permit

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) AUG 16 2019

Permit #: ENTERED Date: Amount Paid: Refund:

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Rayfield Co 7

Checks are made paya	able to: Bayf	ield Co	unty Zoning D	Department.		LICANT.	ning i	Dept.	ATEA	150 FILL OUT	T IN INK	(<mark>NO P</mark>	ENCIL)	
TYPE OF PERMIT R	REQUESTE	→	LAND	USE 🗆	SANITAR			CONDITIO	WALLSON IN THE STREET		USE	□ B.O.	A. 🗆	OTHER
Owner's Name: Lawya (Address of Property: 51725 F	Case Lase	, U	- Odi	V	148 City/	State/Zip:	AM		ty/State/	1	UF5	4005	Telepho 715 Cell Pho	222-1815
Contractor:	an	1-00	<u> </u>			ractor Phone:	-	lumber:	13	,			Plumbe	r Phone:
A						. DL	٠,	100 11	n.l.l/		/2:-1		101.211	A
Authorized Agent: (F	Person Signin	g Applic	ation on behalf	of Owner(s))		t Phone:		gent Mailing	Address	include City/State			Attache ☐ Yes	□ No
PROJECT LOCATION	Legal De	escript	ion: (Use Ta			1148				T (()-)			ment: (Sr	owing Ownership)
12 NESE 1/4, N	1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	CSIV	I Doc# Lo	ot(s) No.	Block(s) No.	Subdiv	CONTRACTOR C		
Section	, Towns	hip	44 N, R	ange	_ w	Rown of:	165				Lot Siz	e	Acres	5. ()
	Creek o		/Land withir Iward side o			eam (incl. Intermit		Distance S	tructure	is from Shorelin	e : feet	in Floo	Property	Are Wetlands Present?
☐ Shoreland →	☐ Is Pro	perty	Land withir	1000 feet		nd or Flowage escontinue		Distance S	tructure	is from Shorelin	e : feet		ne? Yes No	□ Yes XNo
Non-Shoreland														
Value at Time of Completion * include donated time &		Projec	it	# of S	tories	Foundation	on	Total # o bedroom on	S	Sewer/S	nat Type Sanitary the pro	y Syster	n	Type of Water on
material	₩ New	2010	ruction	☐ 1-Sto	'V	☐ Baseme	nt	property 1		Municipal/City	2 6	16		property ☐ City
ć			Iteration		y + Loft	☐ Foundat	-	□ 2	_	New) Sanitary			Convent	
10,500	☐ Conve			☐ 2-Sto	у	X Slab	- 2	□ 3		Sanitary (Exists	• • •			X
	☐ Reloc		risting bldg)			Use	15570	☐		Privy (Pit) or Portable (w/ser			n 200 gal	lon) none
	Prope		1000 011			☐ Year Ro	-	g itolic		Compost Toilet	:			
						\$ SUSON	al		X	None Cinnl	chat	0 BU	uchous	l
Existing Structure Proposed Constr		it beir	ng applied fo	r is relevant	to it)	Length:			Wic				eight: eight:	
Proposed Us	se	1			Mixil die	Proposed Str	ructu	re			Di	mensio	ns	Square Footage
						cture on prop	erty)				(Х)	
	-		Residence	e (i.e. cabii with Lo		shack, etc.)					(X /)	84
Residential	Use			with a F	-			· · · · · · · · · · · · · · · · · · ·			((2	X /	1)	89
				with (2	d) Porch						(Х)	
				with a I							(8	X /	4)	112
☐ Commercial	l Use			with (2'	tached G	rage					(X		
						sleeping qua	rters.	or \square cookin	g & food	prep facilities)	(14	X)	4 1	196
		X	Bunkhous	se w/ (□ sa	nitary, or		,		0		, 1 1		+++	1:10
		<u> </u>									(Х)	
Dawisinal I		-	Mobile H	ome (manı	ıfactured d	ate)					(X)	
☐ Municipal U	Jse		Mobile H Addition	ome (mand /Alteration y Building	(specify)	late)					(X)	
☐ Municipal U	Jse		Mobile H Addition	ome (mand /Alteration y Building	(specify)	ate)					(Х)	
☐ Municipal U	Jse		Mobile H Addition, Accessory Accessory	ome (mand /Alteration y Building y Building	(specify) (specify) (specify)	Alteration (sp	pecify)			(X X X)	
☐ Municipal U	Jse -		Mobile H Addition, Accessory Accessory Special U	ome (manu /Alteration y Building y Building se: (explain	factured d for (specify) (specify) Addition/	Alteration (sp	pecify)			(X)	
☐ Municipal U	Jse		Mobile H Addition, Accessory Accessory Special Ut	ome (manu /Alteration y Building y Building se: (explain nal Use: (ex	(specify) (specify) Addition	Alteration (sp	pecify)				X X X)	
I (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasona Owner(s): (If there are Mult Authorized Agent	application (included in and account of the control	luding a lud	Addition, Accessory Accessory Special U Condition Other: (extended to the companying accompanying all information nation I (we) am see of inspection. On the Deed	/Alteration / Alteration / Building / Building / Building / Se: (explain nal Use: (explain) OBTAIN A PE g information) I ((we) am (are) (are) providing All Owners	(specify) (specify) (specify) Addition/ plain) plain) RMIT or STA has been exam broviding and in or with this must sign of	Alteration (sp. Alteration (sp. Alteration (sp. Alteration (sp. Alteration) (sp. Alteration	ction v to the b toppon by orizati	MITHOUT A PE est of my (our) kr Bayfield County to county official:	RMIT WILL lowledge ar n determini s charged w	RESULT IN PENALT d belief it is true, corr ng whether to issue a th administering coun administering coun administering coun	ect and cor permit. I (v ity ordinand	X X X X X X mplete. I (wwe) further ces to have	accept liabi access to ti	lity which may be a

tch your Property (regardless of what you are applying for)

location of: v/Indicate:

Proposed Construction

Fill Out in Ink - NO PENCIL

North (N) on Plot Plan

how Location of (*): Show:

(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property

Show: Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (*) Wetlands; or (*) Slopes over 20%

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Please see attached documentation

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Measurement		Description	Measu	rement
170 Feet		Setback from the Lake (ordinary high-water mark)	63/1	7 Feet
Feet			10/1	Feet
				Feet
[3] Feet				reet
225Feet		Setback from Wetland		F1
				Feet No
Feet	YAN		□ Yes	
			+	Feet
))) Feet		Setback to Well	-	
		SCENACK TO WELL	-	Feet
(IV) Feet				
	170 Feet Feet 131 Feet 225Feet 439 Feet Feet 111 Feet 122 Feet	170 Feet Feet 13) Feet 225 Feet 439 Feet Feet 111 Feet 122 Feet	Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 13) Feet Setback from Wetland 439 Feet 20% Slope Area on the property Feet Elevation of Floodplain 11) Feet Setback to Well 122 Feet	170 Feet Setback from the Lake (ordinary high-water mark) N/

placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only) Permit Denied (Date):		-375	# of bedrooms: 3	Sanitary Date: 4/29/15
retriit belieu (bate):	Reason for Denial:			
Permit #: 19-0427	Permit Date: 12-1	7-19		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue) Yes (Fused/Contigue) Yes (Deed of Record Yes Yes (Deed of Record Yes Yes Yes (Deed of Record Yes Yes	ous Lot(s)) 🗹 No	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by ☐ Yes ❷ No	/ Variance (B.O.A.)	#:
was Proposed Building Site Delineated Yes No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ Yes ☐ No
Inspection Record: CUP - 5/16/19 - No press	furited Hall			
#2019 R - 580265				Zoning District (R-2) Lakes Classification (-)
Date of Inspection:	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attack	hed? Yes No - (If	No they need to be atta	ched.)	
C for w	condition: No accessory or human habitation ithout necessary county ressurized water sha	/ building shall be use / sleeping purpose / and UDC permits. No Il enter the building	d s o	
	nless approved connected and maintain setba	tion to POWTS. Mus	st	Date of Approval: 12/16/19
Held Con Con Years	Hold For Affid		Hola For Fees:	

Drain field

Show Local
(2) Show Local
(3) Show Local
(4) Show
(5) Show
(6) Show
(6) Show
(7)

Village, State or Federal May Also Be Required After-the-Fact

LAND USE - X SANITARY - 15-33S (4/29/2015) SIGN -SPECIAL -CONDITIONAL - X BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0)427	,	ls	ssued	To: La	ura (Case, Thoma	as Bo	che,	Lisa Ha	rmo	n, & V	Vyatt Boc	he
N ½ of the Location:						Section	1	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	_ot		Blo	ock	Sul	bdivisio	on				CSM#	
	ential	Use	e: [1	.5- Sto	ory;	Bunkhou	ıse#	<u>1</u> (14' x 14') =	= 196	sq. ft	.; <u>Deck</u> (8' x	14') =	: 112 sq. ft	t.]

Total Overall = 308 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 17, 2019

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN** ENTERED AUG 16 2019

Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CONST		-		-		LICANT.	illig	Dept. A	TEHIS	FILL OUT	IN IN	((<mark>NO P</mark>	ENCIL)		
TYPE OF PERMIT R	EQUEST	TED→	LAND	USE 🗆 SA	NITARY	/ PRIVY	□ C	ONDITIONA	AL USE	SPECIAL	USE	□ B.O.	A. 🗆 (OTHER	
Owner's Name:	^				Mailir	ng Address:		City	/State/Zip:				Telephor	ne:	
Laura	Cas	P	Ptal		148	South Au	4 1a	2 61	lavla	KI. WI	50	1005	715.	222-181	15
Address of Property:			NI WI			State/Zip:	COL		au La	19,601		/00 0	Cell Phor	ne:	
51725 F	lase	Ro.	or A		D	barnes.	LOT	548	73				Same	as about	l
Contractor:	Choc	, , , ,	L(A			actor Phone:		mber:	10				Plumber	Phone:	
													_		
Authorized Agent: (P	erson Sigr	ning Applic	ation on behalf	of Owner(s))	Agent	t Phone:	Age	ent Mailing Ad	ddress (incli	ide City/State,	/Zip):			Authorization	1
					-			_				1	Attached ☐ Yes		
PROJECT	T				Tax II								ment: (Sho	owing Owners	hip)
LOCATION	Legal	Descript	uon: (Use la	x Statement)		1168					da	26 R		04647	
N'12 NESE/4, N	JW 1	1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM D	oc# Lot((s) No.	Block(s) No.	Subd	ivision:			
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			•			Barr								5. 0	
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☐ Shoreland →							-	Diete C:				Zoi	ne?	Present Present	
	□ IS P	roperty	Land Withir	1000 feet of L	154	nd or Flowage escontinue —		Distance Stru	ucture is fi		e: feet		/es	X No	
Non-Shoreland												X	No		-
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Existing Structure	e: (if per	rmit heir	ng applied fo	r is relevant to	it)	Length:			Width:		-	He	ight:		
Proposed Constru						Length:			Width:				ight:		
Proposed Us		1			SHEE	Proposed Stru						imensio		Square	
r roposcu os		- 9815	Police de al	C1 / (C)		A CLUB LICENSE							113	Footage	9
						ture on proper	rty)					X)		
		Ш	Residence	e (i.e. cabin, h with Loft	iuiiting	silder, etc.)					(X)		
Residential	Use		70	with a Por	ch						'	X	1		
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College				with (2 nd)	Deck						(Х)		
☐ Commercial	Use			with Attac	hed Ga	rage					(Х)		
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			Special U	se: (explain) _							(Х)		
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				rplain)							(Х)		
	:1				T or STAR	TING CONSTRUCTION	ON WIT	THOUT A PERM	AIT WILL RES	ULT IN PENALT	IES	-, -			
I (we) declare that this a (are) responsible for the result of Bayfield Count	detail and	accuracy o	ny accompanyin f all information	g information) has b I (we) am (are) prov	een examir iding and th	ned by me (us) and to t nat it will be relied upo	the best on by Ba	of my (our) know yfield County in d	vledge and bel determining w	ief it is true, corre nether to issue a p	ect and co permit. I-	(we) further	accept liabili	ty which may be	n a

Date (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach

Owner(s) Lawa L. Boch Case

Authorized Agent:

Address to send permit_

(If there are Multiple Owners listed on the Deed All Owners must

Copy of Tax Statement

Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

how Location of: Show / Indicate:

Proposed Construction North (N) on Plot Plan

Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Show:

All Existing Structures on your Property

Show: (6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Please See attached documentation

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	M	easur	ement
Plase						
Setback from the Centerline of Platted Road	ll⁴ Feet	W.	Setback from the Lake (ordinary high-water mark)	W)	IA	Feet
Setback from the Established Right-of-Way	Feet		Setback from the River, Stream, Creek		1"	Feet
			Setback from the Bank or Bluff			Feet
Setback from the North Lot Line Smith Weld	145 Feet				+	reet
Setback from the South Lot Line	184 Feet		Setback from Wetland		+	Feet
Setback from the West Lot Line	495 Feet		20% Slope Area on the property	П	Yes	No
Setback from the East Lot Line Town Road	Feet	The	Elevation of Floodplain	Lul	103	Feet
						1000
Setback to Septic Tank or Holding Tank	37 Feet		Setback to Well		-	F4
Setback to Drain Field	47 Feet		1		/	Feet
Setback to Privy (Portable, Composting)	40 Feet	EN.				
Prior to the placement or construction of a structure within ten (10) feet of	f the minimum required setback	the b	aundary line from which the cast of the state of the stat			

sly surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. m required setback, the boundary line from which the setback must be measured must be visible fro

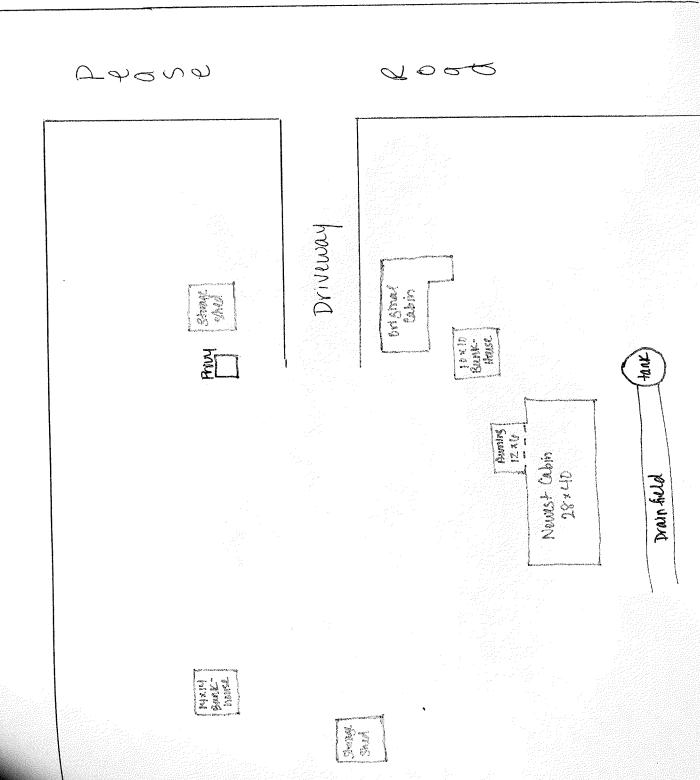
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	-270	# of bedrooms: 2	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:	Reason for Denial: 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3								
Permit#: 19-048	Permit Date: 12-1	7-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes) Yes (Fused/Contigue) Yes Ye	ous Lot(s))	Mitigation Required Mitigation Attached	And the second s	Affidavit Required Affidavit Attached ✓ Yes □ No						
Granted by Variance (B.O.A.) ☐ Yes → No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:								
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No	Were Property Lines Represented by Owner Was Property Surveyed Yes									
Inspection Record: CUP - 5/16/19 - No press	iarized too	Zoning District (P-2) Lakes Classification (-)								
Date of Inspection:	Inspected by:	Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Atta	ched? ☐ Yes ☐ No – (If	No they need to be atta	ched.)							
Signature of Inspector: Alaler	for human h without necess pressurized w	accessory building sha abitation / sleeping ary county and UDC p rater shall enter the ed connection to POW tain setbacks	purposes permits. No e building	Date of Approval: 12/16/16						
Hold For Sanitary: Hold For TBA:		Hola For Fees: 🗆	_							



May Also Be Required

After-the-Fact

AND USE - X

SANITARY - 15-33S (4/29/2015)

SIGN
SPECIAL
CONDITIONAL - X

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0)428		Į:	ssue	d To: La	aura	Case, Thoma	as Bo	che,	Lisa Ha	rmo	n, & \	Nyatt Boc	he	
N ½ of the Location:						Section	1	Township	44	N.	Range	9	W.	Town of	Barnes	
Gov't Lot			L	_ot		ВІ	ock	Sul	bdivisio	on			17	CSM#		

For: Residential Use: [1-Story; Bunkhouse #2 (10' x 10') = 100 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

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This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 17, 2019

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date Stamp Received) AUG 2 2 2017 Bayfield Co. Zoning Dept

Permit #: >	19-0489
Date:	12-19-19
Amount Paid:	102 8:33-17
	102 9-18-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS:

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TYPE OF PERMIT R Owner's Name:	LEQUESTED-	□ LAN	D USE SANI	Mailing Ad	J	CONDITIONA	ACTOR STATE OF STREET, SECTION OF	STATE OF THE PERSON	☐ B.O.	SHIPP CARL CARL CARL	THER
	0011	ra.		Mailing Ad	uress:	I AVE LE	PRI	VErs	Telephon	e: -244	
Address of Property: 5571 Contractor: WA Hea	MAI!	14		3730	GARDOS	I HE W	6055	8		2140	
Address of Property:	(City/State/	Σip.				Cell Phon	e:			
Contractor: /	10 41	VOAL	LANG	50	LON:	SPRIN	145 N/A				*******
WA HEA	1.5	Contractor	Phone:	Plumber:			Plumber	Phone:			
Authorized Agent: (F	Person Signing Appl	ication on beha	If of Owner(s))	Agent Phor			dress (include City/			Writton (Authorization
				G		. Bour Maning Ac	aress (merade erry)	state/Zip).		Attached	
PROJECT				Tax ID# (4-5	digits)			Poserded	Dood (i.e. #	☐ Yes	
LOCATION	Legal Descrip	tion: (Use T	ax Statement)		181	14			orded Deed (i.e. # assigned by Register of Double and the Register of Regis		
		Gov't	t Lot Lot(s)	CSM	Vol & Page		. Block(s) No.	Subdivisi			
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	1	44	G		Town of:	1000105		Lot Size		Acreag	10 2
Section/	/ , Townshi	0 _7 /	N, Range/	W		Baine	5	LOTOILC		Acreag	40
pri jeda versala kojednik		/									1.0
	Creek or Lan	// Land withi dward side (n 300 feet of River of Floodplain?		incl. Intermittent)	Distance Stru	cture is from Sho	reline : feet	Is Prop		Are Wetland
☐ Shoreland →			n 1000 feet of Lake			Distance Structure is from Shorelin			Floodpla	ain Zone? Yes	Present?
	L	,	2000 ICCL OI LARE		ontinue —		cture is from Sho タピング	eline : feet	 X		\\Z`No
☐ Non-Shoreland											_
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Residential U	Use Use	Principal Residenc Bunkhou Mobile H Addition, Accessor Special U Condition	Structure (first see (i.e. cabin, hunder with Loft with a Porch with (2 nd) Por with a Deck with (2 nd) Deck with Attached see w/ (□ sanitary, ome (manufacture / Alteration (specy Building Additing / Structure / Structur	Prop structure of the s	osed Structuon property) (c, etc.) eping quarters ation (specify	or □ cooking 8	Width: 3	(((((((((((((((((((Heinension X X X X X X X X X X X X X X X X X X	ight:))))))))))))))	Square Footage

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Palla Date 6-24-17 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent: Date _ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Address to send permit WALTERS Bruldings R Aubustat W Copy of Tax Statement 547 ZZ

If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for) **Proposed Construction** (1) **Show Location of:** Show / Indicate: North (N) on Plot Plan (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (3) All Existing Structures on your Property (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (5) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6) (*) Wetlands; or (*) Slopes over 20% Show any (*): Geo ATTAChed MAP Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)

Description	Measurer	nent		Description	Measurer	nent
Setback from the Centerline of Platted Road	40	Feet	i yer Ista	Setback from the Lake (ordinary high-water mark)	400	Feet
Setback from the Established Right-of-Way	_	Feet	067	Setback from the River, Stream, Creek		Feet
	3K, ^T		eggi.	Setback from the Bank or Bluff	~	Feet
Setback from the North Lot Line	20	Feet				11.75
Setback from the South Lot Line	120	Feet		Setback from Wetland		Feet
Setback from the West Lot Line		Feet	3-41	20% Slope Area on property	☐ Yes	XNo
Setback from the East Lot Line		Feet		Elevation of Floodplain	_	Feet
Setback to Septic Tank or Holding Tank	200	Feet	al, re	Setback to Well	190	Feet
Setback to Drain Field	220	Feet				
Setback to Privy (Portable, Composting)	-	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 13 5/1	# of bedrooms:	Sanitary Date: 6/20/91			
Permit Denied (Date):	Reason for Denial:					
Permit #: 19-0429	Permit Date: 12-19-19					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recond Yes (Fused/Contigue) Yes	ous Lot(s)) No Mitigation	n Required	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No			
Granted by Variance (B.O.A.) Yes No Case #:	Granted by Variance (B.O.A.) No Cas) Case #:				
	Were F	Were Property Lines Represented by Owner Was Property Surveyed Yes Yes				
Inspection Record: Intend To have it built B4	Permit issuance		Zoning District (R-/) Lakes Classification ()			
Date of Inspection: 9/15//7	Inspected by:		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met.						
Signature of Inspector:			Date of Approval: 8/15/17			
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affidavit: 🗆 _	Hold For Fees:				

village, State or Federal May Also Be Required After-the-Fact VAND USE - X SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

John Palla 19-0429 Issued To: No. **Barnes** Location: Township Range 9 W. Town of 1/4 of -Section 11 44 Par in Subdivision CSM# Block Gov't Lot Lot

For: Residential Accessory Structure: [1- Story; Cold Storage (36' x 45') = 1,620 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation unless all applicable zoning, sanitary, and UDC codes are fully met.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 19, 2019